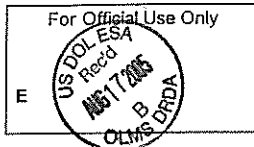


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>11369</u> n/a - first filing	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>SANTO LANZAFAME</u> P.O. Box, Bldg., Room No., if any <u>2nd Floor</u> Street <u>4 Court Square</u> City <u>Long Island City</u> State <u>NY</u> ZIP Code + 4 <u>11101</u>	3. Name, file number, and address of labor organization. Name <u>Bricklayers & Allied Craftworkers LU 1</u> Labor Organization File Number <u>540-021</u> P.O. Box, Building and Room Number, if any <u>2nd Floor</u> Street <u>4 Court Square</u> City <u>Long Island City</u> State <u>NY</u> ZIP Code + 4 <u>11101</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. <u>0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Santo Lanzafame</u>	On <u>7/7/05</u> Date	(718) 392-0525 Telephone Number

Name of Person Filing SANTO LANZA NAMEFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street One Park AvenueCity New YorkState N.Y. ZIP Code + 4 10016-5895

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Stone Settlers Pension & Annuity Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any 12th FloorStreet 153 West 35th StreetCity New YorkState N.Y. ZIP Code + 4 10001

11.a. Nature of such dealing.

Health & Pension Consultants
& Actuaries

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

Sponsored a lunch directly after a
Board of Trustees Meeting. The value of the
meal is estimated.12.b. Amount \$40.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing SANTO "LANZAPAME"File Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name THE SEGAL CO.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 1 PARK AVECity NEW YORKState NY ZIP Code + 4 10016-5895

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BRICKLAYERS UNION LDC. ITrade Name, if any: UNION BENEFIT FUNDS

P.O. Box, Bldg., Room No., if any: _____

Street 6605 WOOD HAVEN BLVD.City REGO PARKState NY ZIP Code + 4 11374

11.a. Nature of such dealing.

CONSULTANTS + ACTUARIES11.b. Approximate dollar value of such dealing. UNKNOWN.

12.a. Nature of interest held or income received.

SPONSORED DINNER BEFORE
GENERAL MEMBERSHIP MEETING.12.b. Amount APPROX. 43 -

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing <u>SANTO LAUZAR AVE</u>	File Number U- <u>n/a first filing</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>WOLM + D' HARA LLP</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>420 LEXINGTON AVE</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10170-1799</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>UNION ATTORNEY</u> <hr/> 11.b. Approximate dollar value of such dealing. <u>UNKNOWN</u> <hr/> 12.a. Nature of interest held or income received. <u>ATTENDANCE AT GOLF TOURNAMENTS</u> <hr/> 12.b. Amount <u>APPROX 175.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment.
13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/>	14.b. Amount of payment. _____ <u>0</u>

Name of Person Filing <u>SANTO LANZAFAME</u>	File Number U- <u>n/a first filing</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INTERNATIONAL MASONRY INSTITUTE

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 42 EAST STREET

City HANAPOLIS

State MARYLAND ZIP Code + 4 21401

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

PAYMENTS ARE MADE TO THE INTERNATIONAL MASONRY INSTITUTE PURSUANT TO COLLECTIVE BARGAINING AGREEMENTS NEGOTIATED BY THE UNION.

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

12.b. Amount 1340.19

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment. _____ 0

Name of Person Filing

SANTO LANZAFAME

File Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bricklayers & Allied Craftworkers
Fringe Benefit Funds

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 66-05 Woodhaven BoulevardCity Rego ParkState NY ZIP Code + 4 11374

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Sponsored benefit plan providing benefits to covered members of labor union.11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

I attended the American Alliance Conference on Employee Benefit Plans held in Orlando Fl. in May 2004. I rec'd reimbursed exp's directly or indirectly for registration, airfare, lodging, meals & transportation12.b. Amount 3234.-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing

SANTO LANZAPANE

File Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Labor Management Cooperation
Committee (LMCC)

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 4 Court SquareCity Long Island CityState NY ZIP Code + 4 11101

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Joint labor management committee created to promote union labor in the industry & various charities.

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

In June 04, our LMCC sponsored a golf outing at ICC, with proceeds going to Muscular Dystrophy Association. I attended, dined, but did not play golf. The value of meal & beverage is estimated.

12.b. Amount

Approx. \$90

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing

SANTO LANZAFAME

File Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 15 Union SquareCity New YorkState New York ZIP Code + 4 10003

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

BANKING11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

I RECEIVED A BLANKET FOR CHRISTMAS

12.b. Amount

38.22

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing Santo LAZZARONE

File Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bricklayers & Allied Craftworkers
Fringe Benefit Funds

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 66-05 Woodhaven BoulevardCity Rego ParkState NY ZIP Code + 4 11374

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Sponsored benefit plan providing benefits to covered members of labor union.11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

I attended a Christmas party held on 12/16/2004. I do not know if the value of what I consumed exceeded \$25.12.b. Amount unknown

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing SATIA LONZA FORMEFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Vladick, Waldman, Elias & Engelhardt PC

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street

1501 Broadway

City

New York

State

N.Y.

ZIP Code + 4

10036

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____

ZIP Code + 4 _____

11.a. Nature of such dealing.

Union attorney

11.b. Approximate dollar value of such dealing.

\$14,309.-

12.a. Nature of interest held or income received.

I received a Christmas gift from the firm. The value of the gift is estimated.

12.b. Amount

\$40.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____

ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing <u>SANTO LANZAFAMIS</u>	File Number U- <u>n/a first filing</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Self Insured Dental Services</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>PO Box 9005</u> Street <u>303 Merrick Road</u> City <u>Lynbrook</u> State <u>NY</u> ZIP Code + 4 <u>11563</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>BRICKLAYERS & ALLIED CRAFTWORKERS</u> <u>FRINGE BENEFIT FUNDS</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>66-05 WOODHAVEN BLVD</u> City <u>REGO PARK</u> State <u>NY</u> ZIP Code + 4 <u>11374</u>	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. <u>49,000.</u> 12.a. Nature of interest held or income received. 12.b. Amount <u>100.</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. 14.b. Amount of payment. _____
13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/>	0

Name of Person Filing

Suite Linda Brown

File Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Gould, Kobrick & Schlapp

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any Suite 4309Street 350 5th Ave.City New YorkState NY ZIP Code + 4 10118

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.
Union auditor11.b. Approximate dollar value of such dealing. 9,500

12.a. Nature of interest held or income received.

I played a round of golf and had lunch with a partner of the firm. The value of the golf and lunch is estimated.

12.b. Amount Approx. 100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing <u>SANTO LAMARCA</u>	File Number U- <u>n/a first filing</u>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Gould, Kobrick & Schlapp

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any Suite 4309

Street 350 5th Ave.

City New York

State NY ZIP Code + 4 10118

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.
Union auditor

11.b. Approximate dollar value of such dealing. 9,500

12.a. Nature of interest held or income received.

I received a Christmas gift from the firm.
The value of the gift is estimated.

12.b. Amount Approx. 75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0

Name of Person Filing Sante LandoFile Number U- n/a first filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Quarr-Vest Consultants, Inc.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 390 Plandome RoadCity PlandomeState N.Y.ZIP Code + 4 11030

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Bricklayers & Allied Craftworkers

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 66-05 Woodhaven Blvd.City Bayside ParkState N.Y.ZIP Code + 4 11374

11.a. Nature of such dealing.

Investment Consultant to Benefit Fund11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

I played a round of golf & had lunch with principle of the firm. The value is estimated.12.b. Amount \$195

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____

ZIP Code + 4 _____

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment.

0